

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
STATELINE UNITED WAY

**D Employer identification number**  
39-0902267

**E Telephone number**  
608-365-4451

**G Gross receipts \$** 1,434,602

**F Name and address of principal officer:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527

**J Website:** **u** www.statelineunitedway.com **H(c)** Group exemption number **u** \_\_\_\_\_

**K Form of organization:**  Corporation  Trust  Association  Other **u** \_\_\_\_\_ **L Year of formation:** 1952 **M State of legal domicile:** WI

**Part I Summary**

|   |   |                           |              |
|---|---|---------------------------|--------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities:<br>Stateline United Way's mission is to provide leadership and resources to care for one another and meet the health and human service needs of the Stateline Community. |                           |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                           |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                  | 25           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                  | 25           |
|   | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)   | <b>5</b>                  | 3            |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                  | 717          |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 |              |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>   | 0                         |              |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year                | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 1,498,164                 | 1,416,313    |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | -551                      | 18,289       |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 1,021                     |              |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1,498,634                 | 1,434,602    |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 1,079,112                 | 1,089,299    |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |                           |              |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 204,909                   | 211,196      |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  |                           |              |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> 122,042   |                           |              |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | 75,048                    | 72,619       |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 1,359,069                 | 1,373,114    |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | 139,565   | 61,488                    |              |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 2,688,414                 | 2,879,217    |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 144,356                   | 122,828      |
|   |   | 2,544,058                 | 2,756,389    |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: STEPHEN KINKADE Date: \_\_\_\_\_  
 Type or print name and title: EXECUTIVE DIRECTOR

**Paid Preparer Use Only**

Print/Type preparer's name: Gary L. Meier Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P00046964

Firm's name: } Siepert & Co. LLP Firm's EIN: } 39-1224176  
 Firm's address: } 1920 West Hart Road  
 } Beloit, WI 53511 Phone no.: 608-365-2266

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [ ]

1 Briefly describe the organization's mission:
Stateline United Way's mission is to provide leadership and resources to care for one another and meet the health and human service needs of the Stateline Community.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,139,239 including grants of \$ 1,089,299 ) (Revenue \$ )
FUND DISTRIBUTION - COLLECT AND ALLOCATE FUNDS TO LOCAL UNITED WAY AGENCIES TO MEET THE HEALTH AND HUMAN SERVICES NEEDS OF THE COMMUNITY.

4b (Code: ) (Expenses \$ 25,272 including grants of \$ ) (Revenue \$ )
FIRST CALL - PROVIDES INFORMATION AND REFERRALS FOR THOSE IN NEED OF SERVICES AVAILABLE FROM AREA SOCIAL SERVICE AGENCIES.

4c (Code: ) (Expenses \$ 70,957 including grants of \$ ) (Revenue \$ )
COMMUNITY BUILDING - BUILDING COOPERATION AMONG VARIOUS ORGANIZATIONS TO ENHANCE THE NON PROFIT COMMUNITY.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses u 1,235,468

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                         |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                      |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | X  |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V   |     | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | X   |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   |     | X  |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | X   |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   |     | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X      |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII   | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional              |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV                     |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                              |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV                                  |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                      |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   |     | X  |
| 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H   |     | X  |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                 |     |    |

**Part IV Checklist of Required Schedules (continued)**

|   | Yes                          | No                                     |
|---|------------------------------|--|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | X                            |  |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  |                              | X                                      |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                           |                              | X                                      |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 |                              | X                                      |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |                              |  |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |                              |  |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |                              |  |
| 25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |                              | X                                      |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I             |                              | X                                      |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   |                              | X                                      |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III                 |                              | X                                      |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |                              |  |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |                              | X                                      |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |                              | X                                      |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  |                              | X                                      |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   |                              | X                                      |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   |                              | X                                      |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   |                              | X                                      |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   |                              | X                                      |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   |                              | X                                      |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  |                              | X                                      |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?  |                              | X                                      |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  |                              | X                                      |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  |                              | X                                      |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | X                            |  |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | X  |
| <b>6</b>  | Does the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   |     | X  |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>8a</b> | The governing body?   | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?   | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Does the organization have local chapters, branches, or affiliates?  |     | X  |
| <b>10b</b> | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   |     |    |
| <b>11a</b> | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   |     | X  |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13   | X   |    |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | X   |    |
| <b>13</b>  | Does the organization have a written whistleblower policy?   | X   |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy?  | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization  |     | X  |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</b> | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed WI
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Stephen Kinkade 400 East Grand Ave  
Beloit WI 53511 608-365-4451

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

| (A)<br>Name and Title                     | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) STEPHEN KINKADE<br>EXECUTIVE DIRECTOR | 40.00  | X                                      |                       |         |              |                              | 74,289 | 0  | 11,300  |   |
| (2) GREG ARDREY<br>DIRECTOR               | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (3) MELISSA BADGER<br>DIRECTOR            | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (4) TERRI BURDICK<br>PRESIDENT            | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (5) JIM EGAN<br>DIRECTOR                  | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (6) LELAND FROM<br>DIRECTOR               | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (7) RUTH GRAY<br>DIRECTOR                 | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (8) FLORENCE HALEY<br>DIRECTOR            | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (9) JESSICA MARQUIS<br>Director           | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (10) STEVE SENNETT<br>DIRECTOR            | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (11) DAN PICHE<br>DIRECTOR                | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (12) MATT ROEGNER<br>DIRECTOR             | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (13) GEOFF RAND<br>VICE PRESIDENT         | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (14) TED REHL<br>DIRECTOR                 | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (15) LORI RHEAD<br>DIRECTOR               | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (16) LAURA SAGE<br>DIRECTOR               | 0.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and Title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (17) PHIL SMITH<br>DIRECTOR                                    | 0.00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (18) DAN WASHKOVIK<br>DIRECTOR                                 | 0.00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (19) STEPHANIE WARDEN<br>DIRECTOR                              | 0.00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (20) DAVE SWARTZENTRUBER<br>DIRECTOR                           | 0.00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (21) MARY GRIFFITH<br>SECRETARY                                | 0.00   |  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (22) CASIE LACHANCE<br>PRESIDENT                               | 0.00   |  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (23) PETER ROWLEY<br>TREASURER                                 | 0.00   |  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (24)   |  |  |                       |         |              |                              |        |  |   |   |
| (25)   |  |  |                       |         |              |                              |        |  |   |   |
| (26)   |  |  |                       |         |              |                              |        |  |   |   |
| (27)   |  |  |                       |         |              |                              |        |  |   |   |
| (28)   |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              |        | 74,289   |   | 11,300  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        | 74,289   |   | 11,300  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u** 0

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **u** 0

**Part VIII Statement of Revenue**

|   |   |                   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|---|---|-------------------|----------------------|--|---|---|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b> | <b>1a</b> Federated campaigns .....   | <b>1a</b>         |                      |  |   |   |
|   | <b>b</b> Membership dues .....  | <b>1b</b>         |                      |  |   |   |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>         |                      |  |   |   |
|   | <b>d</b> Related organizations .....  | <b>1d</b>         |                      |  |   |   |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>         |                      |  |   |   |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b>         | 1,416,313            |  |   |   |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |                   |                      |  |   |   |
|   | <b>h Total.</b> Add lines 1a-1f .....   | <b>u</b>          | 1,416,313            |  |   |   |
| <b>Program Service Revenue</b>                                    |   | <b>Busn. Code</b> |                      |  |   |   |
|   | <b>2a</b> .....   |                   |                      |  |   |   |
|   | <b>b</b> .....  |                   |                      |  |   |   |
|   | <b>c</b> .....  |                   |                      |  |   |   |
|   | <b>d</b> .....  |                   |                      |  |   |   |
|   | <b>e</b> .....  |                   |                      |  |   |   |
|   | <b>f</b> All other program service revenue .....  |                   |                      |  |   |   |
| <b>g Total.</b> Add lines 2a-2f .....                             | <b>u</b>  |                   |                      |  |   |   |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts) .....  | <b>u</b>          | 18,289               |  |   | 18,289  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....   | <b>u</b>          |                      |  |   |   |
|   | <b>5</b> Royalties .....  | <b>u</b>          |                      |  |   |   |
|   |   | (i) Real          | (ii) Personal        |  |   |   |
|   | <b>6a</b> Gross Rents .....   |                   |                      |  |   |   |
|   | <b>b</b> Less: rental exps. ....  |                   |                      |  |   |   |
|   | <b>c</b> Rental inc. or (loss) .....  |                   |                      |  |   |   |
|   | <b>d</b> Net rental income or (loss) .....  | <b>u</b>          |                      |  |   |   |
|   | <b>7a</b> Gross amount from sales of assets<br>other than inventory .....   | (i) Securities    | (ii) Other           |  |   |   |
|   | <b>b</b> Less: cost or other basis & sales exps. ....   |                   |                      |  |   |   |
|   | <b>c</b> Gain or (loss) .....   |                   |                      |  |   |   |
|   | <b>d</b> Net gain or (loss) .....   | <b>u</b>          |                      |  |   |   |
|   | <b>8a</b> Gross income from fundraising events<br>(not including \$ .....<br>of contributions reported on line 1c).<br>See Part IV, line 18 ..... | <b>a</b>          |                      |  |   |   |
|   | <b>b</b> Less: direct expenses .....  | <b>b</b>          |                      |  |   |   |
|   | <b>c</b> Net income or (loss) from fundraising events .....   | <b>u</b>          |                      |  |   |   |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 .....  | <b>a</b>          |                      |  |   |   |
|   | <b>b</b> Less: direct expenses .....  | <b>b</b>          |                      |  |   |   |
|   | <b>c</b> Net income or (loss) from gaming activities .....  | <b>u</b>          |                      |  |   |   |
|   | <b>10a</b> Gross sales of inventory, less<br>returns and allowances .....   | <b>a</b>          |                      |  |   |   |
|   | <b>b</b> Less: cost of goods sold .....   | <b>b</b>          |                      |  |   |   |
| <b>c</b> Net income or (loss) from sales of inventory .....       | <b>u</b>  |                   |                      |  |   |   |
|   | Miscellaneous Revenue   | <b>Busn. Code</b> |                      |  |   |   |
| <b>11a</b> .....  |   |                   |                      |  |   |   |
| <b>b</b> .....  |   |                   |                      |  |   |   |
| <b>c</b> .....  |   |                   |                      |  |   |   |
| <b>d</b> All other revenue .....                                  |   |                   |                      |  |   |   |
| <b>e Total.</b> Add lines 11a-11d .....                           | <b>u</b>  |                   |                      |  |   |   |
| <b>12 Total revenue.</b> See instructions. ....                   | <b>u</b>  |                   | 1,434,602            | 0  | 0                                       | 18,289  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  | 1,089,299             | 1,089,299                       |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   | 74,289                | 38,259                          | 4,086                                  | 31,944                      |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| 7 Other salaries and wages   | 78,357                | 40,353                          | 4,310                                  | 33,694                      |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 12,212                | 6,289                           | 672                                    | 5,251                       |
| 9 Other employee benefits  | 35,318                | 18,189                          | 1,942                                  | 15,187                      |
| 10 Payroll taxes   | 11,020                | 5,675                           | 606                                    | 4,739                       |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   | 7,150                 | 3,682                           | 393                                    | 3,075                       |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees   |                       |                                 |  |                             |
| g Other  |                       |                                 |  |                             |
| 12 Advertising and promotion   | 835                   | 430                             | 46                                     | 359                         |
| 13 Office expenses   | 17,635                | 9,089                           | 964                                    | 7,582                       |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 11,052                | 5,692                           | 607                                    | 4,753                       |
| 17 Travel  | 758                   | 390                             | 42                                     | 326                         |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  | 154                   | 80                              | 8                                      | 66                          |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  | 16,410                | 8,451                           | 903                                    | 7,056                       |
| 22 Depreciation, depletion, and amortization   | 1,598                 | 823                             | 88                                     | 687                         |
| 23 Insurance   |                       |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)   |                       |                                 |  |                             |
| a Trustee Fees   | 8,412                 | 4,332                           | 463                                    | 3,617                       |
| b Service Contracts  | 4,982                 | 2,566                           | 274                                    | 2,142                       |
| c Worker's Compensation  | 1,199                 | 617                             | 66                                     | 516                         |
| d Insurance-D & O Liability  | 1,178                 | 606                             | 65                                     | 507                         |
| e Community Relations  | 1,106                 | 569                             | 61                                     | 476                         |
| f All other expenses   | 150                   | 77                              | 8                                      | 65                          |
| 25 Total functional expenses. Add lines 1 through 24f  | 1,373,114             | 1,235,468                       | 15,604                                 | 122,042                     |
| 26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |  |                             |

**Part X Balance Sheet**

|                                    |  | (A)<br>Beginning of year  |              | (B)<br>End of year |
|------------------------------------|--|---|--------------|--------------------|
| <b>Assets</b>                      | 1  | Cash—non-interest bearing   |              | 1                  |
|                                    | 2  | Savings and temporary cash investments  | 276,512      | 2 345,099          |
|                                    | 3  | Pledges and grants receivable, net  | 1,199,918    | 3 1,166,692        |
|                                    | 4  | Accounts receivable, net  |              | 4                  |
|                                    | 5  | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |              | 5                  |
|                                    | 6  | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) |              | 6                  |
|                                    | 7  | Notes and loans receivable, net   |              | 7                  |
|                                    | 8  | Inventories for sale or use   |              | 8                  |
|                                    | 9  | Prepaid expenses and deferred charges   | 3,738        | 9 3,834            |
|                                    | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 46,253   |                    |
|                                    | b  | Less: accumulated depreciation  | 10b 41,396   | 10c 4,857          |
|                                    | 11   | Investments—publicly traded securities  | 704,823      | 11 830,045         |
|                                    | 12   | Investments—other securities. See Part IV, line 11  | 50,486       | 12 46,756          |
|                                    | 13   | Investments—program-related. See Part IV, line 11   |              | 13                 |
|                                    | 14   | Intangible assets   |              | 14                 |
|                                    | 15   | Other assets. See Part IV, line 11  | 446,482      | 15 481,934         |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 2,688,414   | 16 2,879,217 |                    |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 8,672        | 17 8,414           |
|                                    | 18   | Grants payable  | 135,684      | 18 114,414         |
|                                    | 19   | Deferred revenue  |              | 19                 |
|                                    | 20   | Tax-exempt bond liabilities   |              | 20                 |
|                                    | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D   |              | 21                 |
|                                    | 22   | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |              | 22                 |
|                                    | 23   | Secured mortgages and notes payable to unrelated third parties  |              | 23                 |
|                                    | 24   | Unsecured notes and loans payable to unrelated third parties  |              | 24                 |
|                                    | 25   | Other liabilities. Complete Part X of Schedule D  |              | 25                 |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 144,356      | 26 122,828         |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |              |                    |
|                                    | 27   | Unrestricted net assets   | 919,941      | 27 1,126,990       |
|                                    | 28   | Temporarily restricted net assets   | 1,082,447    | 28 1,052,278       |
|                                    | 29   | Permanently restricted net assets   | 541,670      | 29 577,121         |
|                                    | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |              |                    |
|                                    | 30   | Capital stock or trust principal, or current funds  |              | 30                 |
|                                    | 31   | Paid-in or capital surplus, or land, building, or equipment fund  |              | 31                 |
|                                    | 32   | Retained earnings, endowment, accumulated income, or other funds  |              | 32                 |
| 33                                 | <b>Total net assets or fund balances</b>   | 2,544,058   | 33 2,756,389 |                    |
| 34                                 | <b>Total liabilities and net assets/fund balances</b>  | 2,688,414   | 34 2,879,217 |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |  |   |           |
|---|--|---|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 1,434,602 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 1,373,114 |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 61,488    |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 2,544,058 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 150,843   |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 2,756,389 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?  |     | X  |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. |     |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                             |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | X   |    |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   | X   |    |

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

Name of the organization

STATELINE UNITED WAY

Employer identification number

39-0902267

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions) ) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|--|---|----|--|----|---|----|-------------------------|
|                                    |          |  | Yes   | No | Yes  | No | Yes   | No |                         |
| (A)                                |          |  |   |    |  |    |   |    |                         |
| (B)                                |          |  |   |    |  |    |   |    |                         |
| (C)                                |          |  |   |    |  |    |   |    |                         |
| (D)                                |          |  |   |    |  |    |   |    |                         |
| (E)                                |          |  |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |  |   |    |  |    |   |    |                         |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) <b>u</b>   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| <b>6</b> Public support. Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) <b>u</b>  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4  |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                               |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |           |

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | % |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14                       | <b>15</b> | % |

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) <b>u</b>  | (a) 2006  | (b) 2007  | (c) 2008  | (d) 2009  | (e) 2010  | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 1,860,958 | 1,057,362 | 1,425,503 | 1,498,164 | 1,416,313 | 7,258,300 |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 5,600     | 5,700     | 6,000     | 13,391    | 8,194     | 38,885    |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |           |           |           |           |           |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |           |           |           |           |           |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |           |           |           |           |           |           |
| <b>6 Total.</b> Add lines 1 through 5   | 1,866,558 | 1,063,062 | 1,431,503 | 1,511,555 | 1,424,507 | 7,297,185 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  | 51,058    | 314,914   | 288,901   |           |           | 654,873   |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |           |           |           |           |           |           |
| <b>c</b> Add lines 7a and 7b  | 51,058    | 314,914   | 288,901   |           |           | 654,873   |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |           |           |           |           |           | 6,642,312 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) <b>u</b>  | (a) 2006  | (b) 2007  | (c) 2008  | (d) 2009  | (e) 2010  | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>9</b> Amounts from line 6  | 1,866,558 | 1,063,062 | 1,431,503 | 1,511,555 | 1,424,507 | 7,297,185 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 27,605    | 69,014    | 25,121    | -12,921   | 18,289    | 127,108   |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |           |           |           |           |           |           |
| <b>c</b> Add lines 10a and 10b  | 27,605    | 69,014    | 25,121    | -12,921   | 18,289    | 127,108   |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |           |           |           |           | 0         |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |           |           |           |           |           |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  | 1,894,163 | 1,132,076 | 1,456,624 | 1,498,634 | 1,442,796 | 7,424,293 |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 89.47 % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15                      | <b>16</b> | 89.09 % |

**Section D. Computation of Investment Income Percentage**

|   |           |     |
|---|-----------|-----|
| <b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | 2 % |
| <b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17                        | <b>18</b> | 2 % |

**19a 33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



Schedule of Contributors

2010

u Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization

Employer identification number

STATELINE UNITED WAY

39-0902267

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ► \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|  |  |
|--|--|
| Name of organization<br>STATELINE UNITED WAY | Employer identification number<br>39-0902267 |
|--|--|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 1          | The Beloit Foundation<br>2870 Riverside Drive<br>Beloit WI 53511       | \$ 50,000                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | Fairbanks Morse Engine<br>701 White Ave<br>Beloit WI 53511             | \$ 42,000                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | Frito Lay<br>2810 Kennedy Drive<br>Beloit WI 53511                     | \$ 29,174                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | Taylor Company<br>750 N. Blackhawk Blvd.<br>Rockton IL 61072           | \$ 50,000                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | The Neese Family Foundation<br>2870 Riverside Drive<br>Beloit WI 53511 | \$ 48,000                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |  | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

STATELINE UNITED WAY

Employer identification number

39-0902267

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Question number, Held at the End of the Tax Year. Includes questions 1-8 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question number, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance .....
- d Additions during the year .....
- e Distributions during the year .....
- f Ending balance .....

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance .....                     |                  |                |                    |                      |                     |
| b Contributions .....                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses .....     |                  |                |                    |                      |                     |
| d Grants or scholarships .....                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs ..... |                  |                |                    |                      |                     |
| f Administrative expenses .....                        |                  |                |                    |                      |                     |
| g End of year balance .....                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment **u** ..... %
- b Permanent endowment **u** ..... %
- c Term endowment **u** ..... %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations .....
- (ii) related organizations .....

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? .....

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land .....   |                                      |                                 |                              |                |
| b Buildings .....   |                                      |                                 |                              |                |
| c Leasehold improvements .....  |                                      | 3,015                           | 3,015                        |                |
| d Equipment .....   |                                      | 43,238                          | 38,381                       | 4,857          |
| e Other .....   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) <b>u</b> |                                      |                                 |                              | 4,857          |

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives .....   |                |  |
| (2) Closely-held equity interests .....                                   |                |  |
| (3) Other .....   |                |  |
| (A) .....   |                |  |
| (B) .....   |                |  |
| (C) .....   |                |  |
| (D) .....   |                |  |
| (E) .....   |                |  |
| (F) .....   |                |  |
| (G) .....   |                |  |
| (H) .....   |                |  |
| (I) .....   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | <b>u</b>       |  |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) | <b>u</b>       |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description   | (b) Book value   |
|---|------------------|
| (1) Perpetual Charitable Trust  | 481,934          |
| (2)   |                  |
| (3)   |                  |
| (4)   |                  |
| (5)   |                  |
| (6)   |                  |
| (7)   |                  |
| (8)   |                  |
| (9)   |                  |
| (10)  |                  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | <b>u</b> 481,934 |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Amount |
|---|------------|
| (1) Federal income taxes  |            |
| (2)   |            |
| (3)   |            |
| (4)   |            |
| (5)   |            |
| (6)   |            |
| (7)   |            |
| (8)   |            |
| (9)   |            |
| (10)  |            |
| (11)  |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | <b>u</b>   |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |           |
|----|--|----|-----------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 1,434,602 |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 1,373,114 |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 61,488    |
| 4  | Net unrealized gains (losses) on investments   | 4  | 119,296   |
| 5  | Donated services and use of facilities   | 5  |           |
| 6  | Investment expenses  | 6  |           |
| 7  | Prior period adjustments   | 7  |           |
| 8  | Other (Describe in Part XIV.)  | 8  |           |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | 119,296   |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 180,784   |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |           |
|---|---|----|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 1,445,737 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |           |
| a | Net unrealized gains on investments   | 2a | 119,296   |
| b | Donated services and use of facilities  | 2b |           |
| c | Recoveries of prior year grants   | 2c |           |
| d | Other (Describe in Part XIV.)   | 2d |           |
| e | Add lines 2a through 2d   | 2e | 119,296   |
| 3 | Subtract line 2e from line 1  | 3  | 1,326,441 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |           |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |           |
| b | Other (Describe in Part XIV.)   | 4b | 108,161   |
| c | Add lines 4a and 4b   | 4c | 108,161   |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 1,434,602 |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |           |
|---|--|----|-----------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 1,264,953 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |           |
| a | Donated services and use of facilities   | 2a |           |
| b | Prior year adjustments   | 2b |           |
| c | Other losses   | 2c |           |
| d | Other (Describe in Part XIV.)  | 2d |           |
| e | Add lines 2a through 2d  | 2e |           |
| 3 | Subtract line 2e from line 1   | 3  | 1,264,953 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |           |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |           |
| b | Other (Describe in Part XIV.)  | 4b | 108,161   |
| c | Add lines 4a and 4b  | 4c | 108,161   |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 1,373,114 |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

.....

.....

.....

.....

.....

Part XII, Line 4b - Revenue Amounts Included on Return - Other  
 Pass Through Contributions Not Included in Pledge Revenue \$ 108,161

**Part XIV Supplemental Information** (continued)

Part XIII, Line 4b - Expense Amounts Included on Return - Other

Pass Through Contributions \$ 108,161

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

**u** Attach to Form 990.

Name of the organization

STATELINE UNITED WAY

Employer identification number

39-0902267

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed  **u**

| 1   | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | American Red Cross of South Central                |         |                               | 80,000                   |                                   |   |  | Member agency alloc.               |
| (2) | Beloit Meals on Wheels                             |         |                               | 35,000                   |                                   |   |  | Member agency alloc.               |
| (3) | Big Brothers Big Sisters                           |         |                               | 30,000                   |                                   |   |  | Member agency alloc.               |
| (4) | Catholic Charities Inc                             |         |                               | 10,466                   |                                   |   |  | Member agency alloc.               |
| (5) | Community Action Inc.                              |         |                               | 78,000                   |                                   |   |  | Member agency alloc.               |
| (6) | Energy Services, Inc.                              |         |                               | 19,000                   |                                   |   |  | Member agency alloc.               |
| (7) | Family Services SWANI                              |         |                               | 221,233                  |                                   |   |  | Member agency alloc.               |
| (8) | First Call   |         |                               | 12,500                   |                                   |   |  | Member agency alloc.               |
| (9) | Girl Scouts of Badgerland Council                  |         |                               | 29,000                   |                                   |   |  | Member agency alloc.               |

- 2 Enter total number of section 501(c)(3) and government organizations **u** 25
- 3 Enter total number of other organizations **u**

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

**u** Attach to Form 990.

Name of the organization STATELINE UNITED WAY Employer identification number 39-0902267

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed  **u**

| 1   | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | Glacier's Edge Council of Boy Scouts               |         |                               | 20,000                   |                                   |   |  | Member agency alloc.               |
| (2) | Hands of Faith                                     |         |                               | 14,500                   |                                   |   |  | Member agency alloc.               |
| (3) | Indep. Disability Services                         |         |                               | 8,000                    |                                   |   |  | Member agency alloc.               |
| (4) | Lutheran Social Services                           |         |                               | 20,500                   |                                   |   |  | Member agency alloc.               |
| (5) | Merrill Community Center                           |         |                               | 70,000                   |                                   |   |  | Member agency alloc.               |
| (6) | Nutrition and Health Assoc.                        |         |                               | 9,000                    |                                   |   |  | Member agency alloc.               |
| (7) | Retired and Senior Volunteer Prog.                 |         |                               | 10,000                   |                                   |   |  | Member agency alloc.               |
| (8) | S.M.I.L.E.S.                                       |         |                               | 14,600                   |                                   |   |  | Member agency alloc.               |
| (9) | Salvation Army of Beloit                           |         |                               | 84,000                   |                                   |   |  | Member agency alloc.               |

- 2 Enter total number of section 501(c)(3) and government organizations **u** \_\_\_\_\_
- 3 Enter total number of other organizations **u** \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

**u** Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

STATELINE UNITED WAY

Employer identification number

39-0902267

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed  **u**

| 1   | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | Senior Services of Rock County                     |         |                               | 8,000                    |                                   |   |  | Member agency alloc.               |
| (2) | Stateline Boys & Girls Club, Inc.                  |         |                               | 135,000                  |                                   |   |  | Member agency alloc.               |
| (3) | Stateline Family YMCA                              |         |                               | 50,000                   |                                   |   |  | Member agency alloc.               |
| (4) | Stateline Literacy Council                         |         |                               | 52,000                   |                                   |   |  | Member agency alloc.               |
| (5) | Voluntary Action Center                            |         |                               | 57,500                   |                                   |   |  | Member agency alloc.               |
| (6) | YWCA of Rock County                                |         |                               | 18,000                   |                                   |   |  | Member agency alloc.               |
| (7) |  |         |                               |                          |                                   |   |  |                                    |
| (8) |  |         |                               |                          |                                   |   |  |                                    |
| (9) |  |         |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations **u** \_\_\_\_\_

3 Enter total number of other organizations **u** \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Stateline United Way's agency and program allocations are initially determined by the success of the current years annual campaign contributions. After an overall amount is determined to be available for allocation, the Budget & Agency Relations Committee assesses the need for human care services. United Way funds are then allocated to best meet community needs, utilizing all information available and to maintain and enhance relations in a helpful way with area agencies which provide human care services. Agency requests are reviewed both through an application and an interview process.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**u Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

STATELINE UNITED WAY

Employer identification number

39-0902267

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Board president, treasurer and executive director review the Form 990 prepared by the audit firm. Upon completion of the review, the Form is reported and discussed with the Board of Directors.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Board reviews, discusses and signs the policy in February of each year and reviews it in November of each year.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The position of Executive Director is covered under the Stateline United Way Personnel Policies and Practices, revised June 19, 2008. The Executive Committee of the Board, consisting of the past president, past campaign chair, current president, president elect and B.A.R. chair, conduct an annual written review of the Executive Director and reports a recommendation to the Board of Directors for approval as appropriate within the approved budget.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The Stateline United Way website contains the current Form 990 and directs the public to contact the organization for information about policies, financial information, allocations and questions.

**Depreciation and Amortization**  
 (Including Information on Listed Property)

(99)

**u** See separate instructions.

**u** Attach to your tax return.

Name(s) shown on return STATELINE UNITED WAY Identifying number 39-0902267

Business or activity to which this form relates  
Indirect Depreciation

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

|   |   |   |           |
|---|---|---|-----------|
| 1 | Maximum amount (see instructions)   | 1 | 500,000   |
| 2 | Total cost of section 179 property placed in service (see instructions)   | 2 |           |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3 | 2,000,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4 |           |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 |           |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|-----------------------------|------------------------------|------------------|
|   |                             |                              |                  |

|    |  |    |  |
|----|--|----|--|
| 7  | Listed property. Enter the amount from line 29   | 7  |  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                               | 8  |  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8  | 9  |  |
| 10 | Carryover of disallowed deduction from line 13 of your 2009 Form 4562  | 10 |  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 |  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11                              | 12 |  |
| 13 | Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12  | 13 |  |

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

|    |   |    |       |
|----|---|----|-------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |       |
| 15 | Property subject to section 168(f)(1) election  | 15 |       |
| 16 | Other depreciation (including ACRS)   | 16 | 1,598 |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

|    |  |    |   |
|----|--|----|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2010   | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |   |

**Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

|     | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|-----|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a | 3-year property                |                                      |  |                     |                |            |                            |
| b   | 5-year property                |                                      |  |                     |                |            |                            |
| c   | 7-year property                |                                      |  |                     |                |            |                            |
| d   | 10-year property               |                                      |  |                     |                |            |                            |
| e   | 15-year property               |                                      |  |                     |                |            |                            |
| f   | 20-year property               |                                      |  |                     |                |            |                            |
| g   | 25-year property               |                                      |  | 25 yrs.             |                | S/L        |                            |
| h   | Residential rental property    |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
|     |                                |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i   | Nonresidential real property   |                                      |  | 39 yrs.             | MM             | S/L        |                            |
|     |                                |                                      |  |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

|     |            |  |  |         |    |     |  |
|-----|------------|--|--|---------|----|-----|--|
| 20a | Class life |  |  |         |    | S/L |  |
| b   | 12-year    |  |  | 12 yrs. |    | S/L |  |
| c   | 40-year    |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |   |    |       |
|----|---|----|-------|
| 21 | Listed property. Enter amount from line 28  | 21 |       |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 1,598 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |       |

**For Paperwork Reduction Act Notice, see separate instructions.**